

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212531427						
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Olin Corporation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 </div> <div> DUE DATE: 8/31/2012 SCC ID NO: 00149039 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>120,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	120,000,000	PREFER	10,000,000
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COMMON	120,000,000							
PREFER	10,000,000							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: VA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 190 CARONDELET PLAZA STE 1530 CITY/ST/ZIP: CLAYTON, MO 63105 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
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NAME:	Dolores J. Ennico	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, HR		
ADDRESS:	190 CARONDELET PLAZA		
CITY/ST/ZIP/CO:	STE 1530 Clayton, MO 63105		
NAME:	G. Bruce Greer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, Stat Plan		
ADDRESS:	190 CARONDELET PLAZA		
CITY/ST/ZIP/CO:	STE 1530 CLAYTON, MO 63105		
NAME:	John L McIntosh	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP Operat		
ADDRESS:	490 STUART ROAD, NE		
CITY/ST/ZIP/CO:	Cleveland, TN 37312		
NAME:	Todd A Slater	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP Fin		
ADDRESS:	190 CARONDELET PLAZA		
CITY/ST/ZIP/CO:	STE 1530 CLAYTON, MO 63105		
NAME:	Gray Benoist	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3741 St. Francis Dr.		
CITY/ST/ZIP/CO:	Lafayette, CA 94549		
NAME:	Donald Bogus	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	522 Woodland Ct.		
CITY/ST/ZIP/CO:	Chagrin Falls, OH 44022		
NAME:	C. Robert Bunch	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 County Rd 493		
CITY/ST/ZIP/CO:	Dayton, TX 77535		
NAME:	Randall Larrimore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	322 S. Fayette St.		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	John O'Connor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 Rockefeller Plaza		
CITY/ST/ZIP/CO:	14th Fl New York, NY 10019		
NAME:	Philip Schulz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 Somerset Lane		
CITY/ST/ZIP/CO:	Simsbury, CT 06070		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Vince Smith DIRECTOR 208 Estate Dr. Sherwood Park, Albert T8B 1L6, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THEODORE A ZIMMERMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THEODORE A ZIMMERMANN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			